

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/668778</i>	FILING DATE						
						APPLICANT(S)							
3/4/AS CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			J		J		TOTAL IND.			J			
TOTAL DEP.				J			TOTAL DEP.			J		J	
TOTAL CLAIMS				12			TOTAL CLAIMS					12	